

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **08/981310** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1	-		
3			1			
4			3			
5			1			
6			1			
7			1			
8			2			
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48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.			9			
TOTAL CLAIMS			11			

•	IND.	DEP.	•	IND.	DEP.	•	IND.	DEP.
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62								
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TOTAL CLAIMS								